FINANCIAL STATUS REPORT

(Short Form)

¹.	Federal Agency and Organization Element to which Report is Submitted		Federal Grant or Other Identifying N Assigned By Federal Agency	umber	OMB Approval No.	0348-0038	Page 1 of 1	
	Denali Commission		0085-DC-2003-I2 Legislative E Projects	inergy				
3.	Recipient Organization (Name and complete a	plent Organization (Name and complete address, including ZIP code)						
	STATE OF ALASKA Alaska Energy Authority							
	813 West Northern Lights Blv d. Anchorage, Alaska 99563							
4.	Employer Identification Number		Recipient Account Number or Identi Number	fying	6. Final Report	7. Basis		
	92-6001185		31009		□ IX	□ . □		
8.	Funding/Grant Period (See Instructions)		· · · · · · · · · · · · · · · · · · ·		9. Period Covered	Cash Acc	rual	
	From: (Month, Day, Year)	To:	(Month, Day, Year)		From: (Month,	- •	To: (Month, Day, Year)	
	1/24/2003		8/31/2007		4/1/2		6/30/2007	
10.	Transactions:	Ь	-		<u> </u>	1	10	
					Previously Reported	This Period	Cumulative	
	a. Total outlays				5,791,284.64	27,511.25	5,818,795.89	
	b. Recipient share of outlays				0.00	0.00	0.00	
	c. Federal share of outlays				5,791,284.64	27,511.25	5,818,795.89	
d. Total unliquidated obligations						215,721.25		
e. Recipient share of unliquidated obligations						0.00		
f. Federal share of unliquidated obligations						215,721.25		
g. Total federal share (Sum of lines c and f)						6,034,517.14		
h. Total Federal funds authorized for this funding period						6,103,198.24		
i. Unobligated balance of Federal funds (Line h minus line g)							68,681.10	
11.	Indirect Expense	8.	Type of Rate (Place "X" in Appropris	ste box)				
l			Provisional	etermined	☐ Final	Fixed		
			Rate c. Base		d. Total Amount		e. Federal Share	
12.	Remarks: Attach any explanations deemed no Reporting is required on an annual basis. If for 06/30/07 is on an accrual basis. However	Howe	ever, DC personnel have requester	i the SF269	quarterly and AE/	A has agreed to th	nis request. Reporting	
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents								
Туј	Typed or Printed Name and Title Telephone					e (Area code, Number and extension)		
Amy E. McColium, Controller (907)				(907) 269	269-4629			
Signature of Authoritized Certifying Official Date Report Submitted July 27, 2007								
NSN 7540-01-218-4387 Standard form 269A (Rev. 7-97)								